

NOTICE OF INDEPENDENT REVIEW DECISION

September 6, 2002

Re: IRO Case # M2-02-1009-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a male who was lifting 150 lb. boxes on ___ when he developed chest pain, which soon was accompanied by low back pain. There was some associated discomfort in the lower extremities, especially on the right side, and some numbness and tingling. The patient has been treated with Chiropractic treatments, heat, a TENS unit, and epidural steroid injections, without significant benefit. A 2/21/01 MRI of the lumbar spine showed left-sided L4-5 disk herniation, difficulty at the L5-S1 level and some bilateral S1 nerve root impingement. Because of the persistence of discomfort, the patient underwent CT myelographic evaluation on 10/3/01, which showed L4-5 difficulty with the disc bilaterally, but worse on the left side, and some

bilateral L5-S1 trouble. Radio frequency lesioning of the bilateral lumbar facet joint and bilateral sacroiliac joint injection have been recommended.

Requested Service(s)

Radio frequency lesioning of the bilateral lumbar facet joint and bilateral sacroiliac joint injection

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

There is sufficient evidence that a more definitive operation, possibly at the L4-5 and L5-S1 levels with probable medial facetectomy and discectomy with foraminotomies, would be more beneficial to the patient and give a better long-term result than the proposed procedure.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,